



City of Seattle

Gregory J. Nickels, Mayor

Seattle Commission for Sexual Minorities

Application for Appointment Instructions

The SCSM Application form can be filled out in two different ways:

- You fill out the form on your computer by first downloading the MS Word 97 document. Note: For easier navigation you can press the F11 key to move to each question.
- You may print out the PDF form and fill it out by hand or by using a typewriter.

Make sure you review the form to make sure it is filled in completely. After the form is filled out, you may attach a cover letter and resume (optional) and mail or fax to:

Seattle Commission for Sexual Minorities

700 Third Avenue Suite 250

Seattle, WA 98104-1849

Fax: 206-684-0332

You may contact us via e-mail, the web (<http://www.seattle.gov/scsm/>) or telephone/TTY 206-684-4540) with any questions.

Thank you for your application. You will be contacted to schedule an interview after receipt of application materials.

Application for Commission Appointment: Please fill out both pages of this form and e-mail, fax, or mail to the address listed on the previous page. **Feel free to attach a cover letter, resume, or additional pages.**

Name

Home Address

Business Address

Home Phone ☐

Business/Other Phone (specify) Message may be left ☐

E-mail Address

May we contact you via E-mail for an interview Yes ☐ No ☐

Current employment (job title, employer, description of duties)

Current/Previous Sexual Minority Advocacy experience (organization(s), dates, outcomes, reference individuals), and community/national organization affiliations (describe involvement).

Reference Individual (Name, Phone Number, E-mail)

Reference Individual (Name, Phone Number, E-mail)

Please write about any other professional or personal experience that you would like the Commission to know about

Expectations of Commissioners

Are you willing to commit a minimum of 10 hours per month in Commission meetings and other projects? Yes ☐ No ☐

Are you willing to attend scheduled meetings, which occur on the third Thursday of each month, 6:30 – 8:30 p.m.? Yes ☐ No ☐

Statement of Purpose: Why would you like to serve as a Commissioner for Sexual Minorities? What do you hope to accomplish? (Feel free to use an additional page)

Signature: By signing below, you are verifying that the information in this application is true and correct Date

Optional: To make certain we have the broadest array of voices from the sexual minority community, we ask you that you identify the categories that represent you. Please check all that apply, and add additional items that you feel are appropriate.

Youth	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Ethnic Minority	<input type="checkbox"/>	Health	<input type="checkbox"/>
Parent	<input type="checkbox"/>	FTM	<input type="checkbox"/>	Activist	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
Single Adult	<input type="checkbox"/>	MTF	<input type="checkbox"/>	Differently able	<input type="checkbox"/>	Religion	<input type="checkbox"/>
Domestic Partner	<input type="checkbox"/>	Male	<input type="checkbox"/>	Media	<input type="checkbox"/>		
Senior Citizen	<input type="checkbox"/>	Female	<input type="checkbox"/>	Business	<input type="checkbox"/>		

Thank you for filling out the application. In accordance with City ordinance, the information on this application becomes part public record.